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**\*BIBDATASHEET\*****CONFIRMATION NO. 3583**

Bib Data Sheet

SERIAL NUMBER 10734,350	FILING DATE 12/12/2003  RULE	CLASS 215	GROUP ART UNIT 3727	ATTORNEY DOCKET NO. 03-217
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## APPLICANTS

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*✓*  
 \*\* CONTINUING DATA \*\*\*\*\*

*✓*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/19/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 4	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>Sue Darr</i> Examiner's Signature	<i>ga</i> Initials		

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## TITLE

Plastic container and preform

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